



PEACHTREE ORTHOPEDICS

## POC Outside Services Accounting Form

Today's Date:	8/15/17
Company Name (Requestor):	Princenthal & May
Service Date:	*
Requestor's Name (AA):	Patricia Payne
Provider's Name:	Shevin Pollydore
Highlight the type of Outside Service to be performed:	<p>Visa Kenneth B Morris 4741 6539 9570 8791 Exp: 10/20 Security Code:061</p> <p>Mailing address: 750 Hammond Dr Bldg. 12 #200 Sandy Springs , GA 30328</p> <p>Email:mandi@princemay.com</p> <ul style="list-style-type: none"><li>1. Medical Record Review</li><li>2. Excessive Records</li><li>3. Deposition</li><li>4. Attorney Meeting</li><li>5. Attorney Phone Conference</li><li>6. PPI/MMI Rating Fee</li><li>7. Questionnaires and <b>Narratives</b></li><li>8. Special Report and Insurance Forms</li><li>9. Letters</li><li>10. Surveillance</li></ul>
Amount Due:	\$900.00

Email to:

Veronique Hayes      vhaynes@pocatlanta.com

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**For Accounting Use Only**

Invoice # OS17-01429SDP